

**CONFIRMATION PCT**  
**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

|                                                                                       |             |
|---------------------------------------------------------------------------------------|-------------|
| For receiving Office use only                                                         |             |
| PCT/EP200 4 / 0 1 0 8 7 7                                                             |             |
| International Application No.                                                         |             |
| (27 09 2004)                                                                          | 27 SEP 2004 |
| International Filing Date                                                             |             |
| EUROPEAN PATENT OFFICE                                                                |             |
| PCT INTERNATIONAL APPLICATION                                                         |             |
| Name of receiving Office and "Patent International Application"                       |             |
| Applicant's or agent's file reference (if desired) (12 characters maximum) P72916PC00 |             |

|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Box No. I TITLE OF INVENTION</b><br>Computer Aided Document Retrieval                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |
| <b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                         |
| Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)     |                                                                                                                                                                                                                                                                         |
| UNIVERSITY OF ULSTER<br>Cromore Road<br>Coleraine<br>County Londonderry BT52 1SA<br>United Kingdom                                                                                                                                                                                                                          | Telephone No.<br><br>Facsimile No.<br><br>Teleprinter No.<br><br>Applicant's registration No. with the Office                                                                                                                                                           |
| State (that is, country) of nationality:<br>GB                                                                                                                                                                                                                                                                              | State (that is, country) of residence:<br>GB                                                                                                                                                                                                                            |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box |                                                                                                                                                                                                                                                                         |
| <b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                         |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)     |                                                                                                                                                                                                                                                                         |
| ST. PETERSBURG STATE UNIVERSITY<br>Universitetskii Prospekt, 28<br>Petergof<br>St. Petersburg<br>RUSSIA 198504                                                                                                                                                                                                              | This person is:<br><input checked="" type="checkbox"/> applicant only<br><input type="checkbox"/> applicant and inventor<br><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)<br>Applicant's registration No. with the Office |
| State (that is, country) of nationality:<br>RU                                                                                                                                                                                                                                                                              | State (that is, country) of residence:<br>RU                                                                                                                                                                                                                            |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box |                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |
| <b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                         |
| The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative                                                                                   |                                                                                                                                                                                                                                                                         |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)                                                                                                                                                            |                                                                                                                                                                                                                                                                         |
| WALLACE, Alan<br>F.R. Kelly & Co.<br>4 Mount Charles<br>BELFAST<br>BT7 1nz<br>United Kingdom                                                                                                                                                                                                                                | Telephone No.<br>+44 (0)28 9023 6000<br>Facsimile No.<br>+44 (0)28 9023 5454<br>Teleprinter No.<br>Agent's registration No. with the Office                                                                                                                             |
| <input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent                                                                             |                                                                                                                                                                                                                                                                         |

| Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>If none of the following sub-boxes is used, this sheet should not be included in the request</i>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |
| <p>Name and address: (Family name followed by given name, for a legal entity full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below)</p> <p>PATTERSON, David<br/>7 Wood Grange<br/>Jordanstown<br/>County Antrim BT37 0WG<br/>United Kingdom</p>                        | <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)</p> <p>Applicant's registration No. with the Office</p> |
| State (that is, country) of nationality:<br>GB                                                                                                                                                                                                                                                                                                                                                                                                              | State (that is country) of residence:<br>GB                                                                                                                                                                                                                                                   |
| <p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>                                                                                                                   |                                                                                                                                                                                                                                                                                               |
| <p>Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below)</p> <p>DOBRYNIN, Vladimir<br/>3 Railway Cottages<br/>Greenisland, Carrickfergus<br/>County Antrim BT38 8RB<br/>United Kingdom</p> | <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)</p> <p>Applicant's registration No. with the Office</p> |
| State (that is, country) of nationality:<br>RU                                                                                                                                                                                                                                                                                                                                                                                                              | State (that is, country) of residence:<br>GB                                                                                                                                                                                                                                                  |
| <p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>                                                                                                                   |                                                                                                                                                                                                                                                                                               |
| <p>Name and address: (Family name followed by given name, for a legal entity full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>                                                                                                                               | <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)</p> <p>Applicant's registration No. with the Office</p>            |
| State (that is, country) of nationality:                                                                                                                                                                                                                                                                                                                                                                                                                    | State (that is country) of residence:                                                                                                                                                                                                                                                         |
| <p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>                                                                                                                              |                                                                                                                                                                                                                                                                                               |
| <p>Name and address: (Family name followed by given name, for a legal entity full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>                                                                                                                               | <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)</p> <p>Applicant's registration No. with the Office</p>            |
| State (that is, country) of nationality:                                                                                                                                                                                                                                                                                                                                                                                                                    | State (that is, country) of residence:                                                                                                                                                                                                                                                        |
| <p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>                                                                                                                              |                                                                                                                                                                                                                                                                                               |
| <p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet</p>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |

**Supplemental Box**
*If the Supplemental Box is not used, this sheet should not be included in the request*

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
  - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below:*

O'CONNELL, Maura  
BOYCE, Conor  
BROPHY, David  
COYLE, Philip  
KINSELLA, Gerald  
CASEY, Lindsay  
DUFFY, Assumpta  
SMYTH, Shane

all c/o  
F.R. Kelly Co  
4 Mount Charles  
BELFAST BT7 1NZ  
United Kingdom
  - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant:*
  - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor:*
  - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV,*
  - (v) *if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for a patent of addition, certificate of addition, inventor's certificate of addition or utility certificate of addition: in such a case, write the name or two-letter code of each designated State concerned and the indication "patent of addition," "certificate of addition," "inventor's certificate of addition" or "utility certificate of addition," the number of the parent application or parent patent or other parent grant and the date of grant of the parent patent or other patent grant or the date of filing of the parent application (Rules 4.11(a)(iii) and 49bis 1(a) or (b))*
3. *If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuation-in-part" and the number and the filing date of the parent application (Rules 4.11(a)(iv) and 49bis 1(d))*

**Box No. V DESIGNATIONS**

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents

However,

- ☐ DE Germany is not designated for any kind of national protection
- ☐ KR Republic of Korea is not designated for any kind of national protection
- ☐ RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

| Filing date<br>of earlier application<br>(day/month/year) | Number<br>of earlier application | Where earlier application is:                        |                                          |                                                |
|-----------------------------------------------------------|----------------------------------|------------------------------------------------------|------------------------------------------|------------------------------------------------|
|                                                           |                                  | national application:<br>country or Member<br>of WTO | regional application*<br>regional Office | international application:<br>receiving Office |
| item (1) <b>26/09/2003</b><br><b>26. SEPT. 2003</b>       | 0322600.8                        | GB                                                   |                                          |                                                |
| item (2)                                                  |                                  |                                                      |                                          |                                                |
| item (3)                                                  |                                  |                                                      |                                          |                                                |

☐ Further priority claims are indicated in the Supplemental Box

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

- ☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4 10(b)(ii)).

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority)

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- ☐ Box No. VIII (i) Declaration as to the identity of the inventor :
- ☒ Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent :
- ☐ Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application :
- ☐ Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America) :
- ☐ Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty :

**Box No. VIII (ii) DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT**

*The declaration must conform to the standardized wording provided for in Section 212: see Notes to Boxes Nos VIII, VIII (i) to (v) (in general) and the specific Notes to Box No VIII (ii). If this Box is not used, this sheet should not be included in the request.*

Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent (Rules 4 17(ii) and 51bis 1(a)(ii)), in a case where the declaration under Rule 4 17(iv) is not appropriate:

The University of Ulster is entitled to apply for and be granted a Patent by virtue of the following:

David Patterson of 7 Wood Grange, Jordanstown, County Antrim, BT37 0WG, United Kingdom is an inventor of the subject matter for which protection is sought by way of this International Application; and the University of Ulster is entitled as employer of the inventor, David Patterson

The St. Petersburg State University is entitled to apply for and be granted a Patent by virtue of the following:

Vladimir Dobrynin of 3 Railway Cottages, Greenisland, Carrickfergus, County Antrim, United Kingdom, is an inventor of the subject matter for which protection is sought by way of this International Application; and the St. Petersburg State University is entitled as employer of the inventor, Vladimir Dobrynin.

This declaration is made for the purposes of all designations (except the designation of the United States of America).

☐ This declaration is continued on the following sheet, "Continuation of Box No VIII (ii)".

| Box No. IX CHECK LIST; LANGUAGE OF FILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <p>request (including declaration sheets) : 6</p> <p>description (excluding sequence listing and/or tables related thereto) : 25</p> <p>claims : 4</p> <p>abstract : 1</p> <p>drawings : 5</p> <p>Sub-total number of sheets : 41</p> <p>sequence listing : _____</p> <p>tables related thereto : _____</p> <p>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form, see (c) below)</p> <p>Total number of sheets : 41</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listing:</p> <p><input type="checkbox"/> tables related thereto:</p> <p>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</p> | <p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <p>1 <input checked="" type="checkbox"/> fee calculation sheet</p> <p>2 <input type="checkbox"/> original separate power of attorney</p> <p>3 <input type="checkbox"/> original general power of attorney</p> <p>4 <input type="checkbox"/> copy of general power of attorney; reference number, if any:</p> <p>5 <input type="checkbox"/> statement explaining lack of signature</p> <p>6 <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):</p> <p>7 <input type="checkbox"/> translation of international application into (language):</p> <p>8 <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</p> <p>9 <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column</p> <p>10 <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</p> <p>11 <input type="checkbox"/> other (specify):</p> | <p>Number of items</p> |
| <p>Figure of the drawings which should accompany the abstract: 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Language of filing of the international application: EN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| <p><b>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</b></p> <p>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p>ALAN WALLACE, AGENT</p> </div> <div style="text-align: center;"> <p>27/9/04</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |

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|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 1 Date of actual receipt of the purported international application:                                                                       | 27 SEP 2004 (27. 09. 2004)                                                             | <p>2 Drawings:</p> <p><input checked="" type="checkbox"/> received: RO/EP</p> <p><input type="checkbox"/> not received:</p> |
| 3 Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: |                                                                                        |                                                                                                                             |
| 4 Date of timely receipt of the required corrections under PCT Article 11(2):                                                              |                                                                                        |                                                                                                                             |
| 5 International Searching Authority (if two or more are competent): ISA /                                                                  | 6 <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid |                                                                                                                             |

| For International Bureau use only                                      |
|------------------------------------------------------------------------|
| <p>Date of receipt of the record copy by the International Bureau:</p> |